

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
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43	/	/				
44	/	3				
45	/	3				
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	24					
TOTAL DEP.	49					
TOTAL CLAIMS	73					

	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

21
28
49

15